

Changing Your New Office, Mailing or Home Address

- ☒ You must notify the board in writing within 30 days of any change of office or home address and phone number.
- ☒ Failure to do so may result in a monetary fine of \$100 plus the costs incurred by the Board to locate you.

USE THIS FORM BELOW FOR ADDRESS CHANGE NOTIFICATION
Mail, fax or e-mail this form to report new information to the Board

Send fax or e-mail this form to:

Arizona Medical Board

9545 E. Doubletree Ranch Rd.

Scottsdale, Arizona 85258

Fax: (480) 551-2704

E-mail: questions@azmd.gov

In compliance with A.R.S §32-1435 (B) please record the following address changes:

Effective Date: _____

Office Address: _____

Office Phone: _____ Office Fax: _____
Office E-Mail: _____

Mailing Address: _____

Home Address: _____

Home Phone: _____ Home Fax: _____
Home E-Mail: _____

Name (Please print)

AZ License #

Signature

Today's Date